		Name/Address Changes (if any):		
		First Name	Last Name	
		Address		
Email address _		City	State	Zip
()		()		
Area Code	Daytime Telephone Number	Area Code	Evening Telephone Nun	nber
	CLAI	M FORM		
	SUMMA ET AL. V. F	HOFSTRA UNIVERSITY		
To participa	te in this Settlement, this Claim Form mu	st be completed and postn	narked no later than	•
	GENERAL I	<u>NFORMATION</u>		
into the above litigat Stipulation of Settle	e Undergraduate and/or a Graduate Assistion ("Action"). As a result, you are a Classement in this Action ("Stipulation of Settle and return it by First-Class Mail, postmarke	ss Member and may be element"). In order to receive	igible to receive money under which we money from the settlement	er the Joint
	[ADD A	ADDRESS]		
any money in conne	provided. If you fail to submit your Claim Fortion with the Settlement (although you wirt). A Claim Form will be deemed submitted	ll be bound by the other pr	rovisions of the Stipulation o	
	<u>CLAIM IN</u>	<u>FORMATION</u>		
	mber and are classified by Class Counsel a Iourly position – CHOOSE ONE].	as having held [(a) a Stipe	end position; (b) a Stipend a	and Hourly
will be allocated to C Payments will be allo	of the Net Settlement Amount Payments as of Class Members classified as having worked p ocated to Class Members classified as having vill be allocated to Class Members classified	rimarily in a Stipend position worked in a Stipend and H	on. Ten (10) percent of the NS ourly position. Seventy (70)	SA
percentage that each	classified as having worked in a Stipend Pos Class Member classified as having worked it earnings by the aggregate amount of gross ea	n a Stipend Position will rec	ceive is the resulting percentag	ge from
allocated. The perce resulting percentage	classified as having worked in a Stipend and ntage that each Class Member classified as h from dividing their gross earnings by the agg stipend and Hourly Position.	aving worked in a Stipend a	and Hourly Position will recei	ve is the
percentage that each	classified as having worked in an Hourly post Class Member classified as having worked it earnings by the aggregate amount of gross ea	n a Hourly Position will rec	eive is the resulting percentag	e from
All Class Members'	and Defendant's applicable payroll taxes sha	all be deducted from such an	nounts.	
Your NSA Payment If you contest the cla First-Class Mail, pos	is nim information above, check this box \Box , and the attendance that fine the state of	nd submit this contested Cla	im Form to the Claims Admi information above, Defendan	nistrator, by

maintained records and the formula set forth in the Stipulation of Settlement Paragraph 12(c)(i) shall be deemed to control.

YOUR RELEASE OF LEGAL CLAIMS

By completing this form and accepting benefits under the Stipulation of Settlement in this Action, you, on your behalf, and each of your current, former and future heirs, spouses, executors, administrators, agents, and attorneys, fully release and discharge Hofstra and its present and former officers, directors, members, managers, employees, fiduciaries, trustees, employee benefit plan administrators, agents, attorneys, insurers, successors and assigns, and all persons or entities acting by, through, under or in concert with any of them, and any individual or entity which could be jointly liable with any of them, ("Releasees") from any and all claims, debts, wages, overtime, commission, losses, demands, obligations, liabilities, penalties, liquidated damages, causes of action, charges, grievances, complaints or suits of any type or nature, known and/or unknown, suspected and/or unsuspected, from the beginning of time to the effective date of the settlement of the Action, for violations of any federal, state or local wage and hour law, for the failure to provide wages and/or overtime pay, liquidated damages, any other penalties, and any other claims whatsoever alleged or that could have been made based upon the facts alleged in the Complaint in the Action, including without limitation all claims for restitution (including interest) and other equitable relief, liquidated damages, compensatory damages, punitive damages, wages, overtime, penalties of any nature whatsoever, other compensation or benefits including 401K benefits or matching benefits, retirement or deferred compensation benefits claims on account of unpaid wages and/or overtime, attorneys' fees and costs, whether known or unknown, arising from the Class Members' employment by Defendant. In addition, you, on your behalf, and each of your current, former and future heirs, spouses, executors, administrators, agents, and attorneys forever agree not to institute or receive any other relief from any other suit or, administrative claim or other claim of any sort or nature whatsoever against Defendant, up to and including the date of preliminary approval of this Settlement, relating to the claims being settled herein. In addition, you, on your behalf, and each of your current, former and future heirs, spouses, executors, administrators, agents, and attorneys forever agree not to institute, nor accept any other relief from, any other suit, administrative claim or other claim or proceeding of any sort or nature whatsoever against Defendant, relating to the claims being released herein for any period up to and including the date of the Court's order granting approval of this Agreement.

DECLARATION OF CLASS MEMBER

I have received the Notice of Proposed Class Action Settlement. I submit this Claim Form under the terms of the proposed Stipulation of Settlement described in the Notice. I also submit to the jurisdiction of the United States District Court, Eastern District of New York with respect to my claim as a Class Member and for purposes of enforcing the release of claims stated in the Settlement Agreement on file with the Court and the Notice. The full and precise terms of the proposed settlement are contained in the Stipulation of Settlement filed with the Court. I further acknowledge that I am bound by the terms of any judgment that may be entered in this class action. I agree to furnish additional information to support this claim if required to do so.

If I am the executor and/or heir of a Class Member or a representative of a Class Member, I have provided appropriate documentation about the capacity in which I am submitting this Claim Form on separate sheets attached.

I declare under penalty of perjury that the foregoing information is true and accurate, that I have read and understand the Notice that was mailed with this Claim Form, and agree to abide by the terms of the Notice and this Claim Form.

Please complete the Taxpayer Identification Number Certification - IRS Substitute Form W-9 below, sign the Claim Form, and mail it to the Claims Administrator at the address provided below.

Enter your Social Security Number:	
Print name as shown on your income ta	x return if different from First Name / Last Name:
First Name	Last Name
Under penalties of perjury, I certify that	
1. The taxpayer identification number	er shown on this form is my correct taxpayer identification number, and
the Internal Revenue Service (IRS)	ing because: (a) I am exempt from backup withholding, or (b) I have not been notified by that I am subject to backup withholding as a result of a failure to report all interest of me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S.	resident alien).
Note: If you have been notified by the	IRS that you are subject to backup withholding, you must cross out item 2 above.